City of New Orleans Department of Parks and Parkways

Mitchell J. Landrieu Mayor Ann E. Macdonald Director

Jackson Square Booking Request

Date Filed					
Date of Event:		Alternate Date:			
Time of the event:	from	_ am/pm to	am/pm		
Set-up hours required:	from	_ am/pm to	am/pm		
Take down hours required: Total hours required:			am/pm		
Anticipated Attendance:		_			
Description of Event: (please provide		_			
Please indicate if you will be using these items.	any of the fol	llowing. The a	pplicant must make separate arrang	ements for	
hairs Tables H		ers	Other		
Should this request be approved s	50 % of the 1	ısage fee is du	e within 30 days.		
Contact Information					
Name:		Organization:			
Address:					
City:	Sta	ate:	Zip Code:		
Phone Number:	Fax Number:				
Email Address:					

Submit to:

Ann E. Macdonald, Director Department of Parks and Parkways 2829 Gentilly Boulevard New Orleans, LA 70122 504.658.3201 Phone 504.658.3227 FAX ParksandParkways@nola.gov